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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/698,010
Filing Date	10/30/2003
First Named Inventor	Landry, et al.
Art Unit	3733
Examiner Name	James L. Swinger III
Attorney Docket Number	003168.0577

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Peter Withstandley		
Date	10/24/2008	Reg. No.	53,784

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

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FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130)

Complete if Known

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Deposit Account Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims		52	\$0
Independent Claims		220	\$0
Multiple Dependent			\$0
SUBTOTAL			\$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/>	Surcharge - late oath or filing fee	
<input type="checkbox"/>	Non-English Specification	
<input checked="" type="checkbox"/>	Extension for reply within first month	\$130
<input type="checkbox"/>	Extension for reply within second month	
<input type="checkbox"/>	Extension for reply within third month	
<input type="checkbox"/>	Extension for reply within fourth month	
<input type="checkbox"/>	Extension for reply within fifth month	
<input type="checkbox"/>	Notice of Appeal	
<input type="checkbox"/>	Filing a brief in support of an appeal	
<input type="checkbox"/>	Petition to revive - unavoidable	
<input type="checkbox"/>	Petition to revive - unintentional	
<input type="checkbox"/>	Utility Issue Fee	
<input type="checkbox"/>	Design Issue Fee	
<input type="checkbox"/>	Publication Fee	
<input type="checkbox"/>	Petitions to the Commissioner	
<input type="checkbox"/>	Request for Continued Examination (RCE)	
<input type="checkbox"/>	Information Disclosure Statement (IDS)	

Other fee -

SUBTOTAL (\$ 130)

(Complete if applicable)

SUBMITTED BY			
Name (Print/Type)	Peter Withstandley	Registration No. (Attorney/Agent)	53,784
Signature		Telephone	212-408-2500

Date 10/24/2008

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